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CLERK OF DISTRICT COURT
JANET L. JORDAN

AUG 14 2017
T SCHROEDER

COVER LETTER

ATX1

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: VETERINARY TECHNICIAN SERVICES OF FLORIDA, INC.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MAGDELINE GONZALEZ CPA, PA.

Name (Printed or typed)

8360 W. FLAGLER STREET, STE 206

Address

MIAMI, FLORIDA 33144

City, State & Zip

305-302-3918

Daytime Telephone number

vtstfinc@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

VETERINARY TECHNICIAN SERVICES OF FLORIDA, INC.

ATX1

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: VETERINARY TECHNICIAN SERVICES OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

7800 SW 26 STREET

MIAMI, FL 33155-2627

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all business permitted by the laws of the

United States of America and by the State of Florida.

17 AUG 11 AM 10:07
SECRETARY OF STATE
FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANAILY GONZALEZ, President Name and Title: _____

Address: 7800 SW 26 STREET Address: _____

MIAMI, FLORIDA 33155 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANAILY GONZALEZ
Address: 7800 SW 26 STREET
MIAMI, FLORIDA 33155

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ANAILY GONZALEZ
Address: 7800 SW 26 STREET
MIAMI, FLORIDA 33155


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

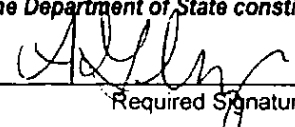
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

7/28/2017
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

7/28/2017
Date

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DEPT. OF STATE
TALLAHASSEE, FLORIDA